PTO/SB/06 (08-03)
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o a collection of information unless it displays a valid OMB control number.

On	PATE	NT APPLIC	MOITA	FEE DETE	N RECORD		Application or Docket Number 1067563				
		CLAIMS AS	FILED		lumn 2)	SMALL E	NTITY	OR		THAN ENTITY	
	FOR	NUMBI	R FILED	NUMBE	R EXTRA	RATE	FEE]	RATE	FEE	
	C FEE CFR 1.16(a))						s	OR		\$	
OT.	AL CLAIMS CFR 1.16(c))		minus 20 = .			× \$=		OR	x \$=		
DE	PENDENT CLAIM	s	minus 3 = ·			x \$ _=		OR	x \$=		7
_	CFR 1.16(b))					1.		OR	+\$ =		1
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tł	ne difference in co	lumn 1 is less tha	ın zero, eı	nter "0" in column :	2.	TOTAL		OR	TOTAL		1
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and floton 1) (Column 2) (Column 3)				SMALL E	NTITY	OR		THAN ENTITY			
4	2260-04	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- 1 IONAL FEE		RATE	ADDI- TIONAL FEE	
ואורואטואור	Total	· Q7	Minus	PAID FOR	5	x s =		OR	x s =		7
١	(37 CFR 1.15(c)) Independent	· 3	Minus	2	-	· · · · · · · · · · · · · · · · · · ·	- 	1	x \$=		1
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		(Column 1)		(Column 2)	(Column 3)			1			49
٥		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE ⁻	ADDI- TIONAL FEE	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ =		1	TOTAL		7
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2		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AINIEN: JIVIEN	Tota: (07 CFR 1 19(4)	*	Minus	**	Ξ	x 5=		OR	x \$=		_
È l	[87 CFR 1 16(A)] Independent (37 CFR 1.16(b))	•	Minus		=	x \$=		OR	× \$=		
				ENT. CLAUR (27.05	P 1 16(4))			OR	+ \$ =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL		1	TOTAL		子.
		lumn 1 is less tha				ADD'L FEE		OR	ADD'L FEE	L	7

^{**} If the entry in Commerce entry in Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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